

The **Journal of Educational Sociology**

A Magazine of Theory and Practice

SPECIAL EDUCATION

Editorial	321
Hard-of-Hearing Children <i>Anne C. Norris</i>	323
Educational Opportunities in the United States for Partially Seeing Children <i>Winifred Hathaway</i>	331
Trends in Education of Crippled Children <i>Marguerite Lison Ingram</i>	339
The Problem of the Mentally Retarded Children in the Public Schools <i>Meta L. Anderson</i>	348
The Gifted Child <i>Henry Herbert Goddard</i>	354
The Education of Behavior-Problem Children <i>Henry J. Baker</i>	362
Organization and Administration of Special Education in the Public Schools <i>Lewis A. Wilson</i>	371
Research Projects and Methods in Educational Sociology	378
Book Reviews	381
Contributors' Page	384

The Journal of Educational Sociology

A Magazine of Theory and Practice

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EDITORIAL

School and community are becoming increasingly aware of a new group of educational problems—the problems presented by the socially inadequate and maladjusted. The community's attempts to deal with these problems—through social agencies, clinics, courts, and institutions—have shown the possibilities of adult reëducation to be limited. However, these inadequate and maladjusted personalities almost invariably yield a long history of childhood difficulties; and the community has tended to make the school the fulcrum in the whole program of prevention and readjustment.

Individualization and guidance for all children have been the basis of this educational program. But in every school population are many children who vary in one way or another from the average to such an extent that their needs cannot be met without specialized educational provision. Consequently, special education—for the physically, mentally, and emotionally atypical—has been a vital and growing complement to this program.

The major educational tragedy of the depression is the nation-wide tendency of school administrators, faced by the necessity of budgetary curtailment, to cut out special educational services. This policy must inevitably have an aftermath of individual maladjustment that will be with

us long after the financial aspects of the depression have been forgotten. To bring home to those responsible for the educational policies of our public schools the immediate need for and significance of these special educational services, the editors have asked the members of the White House Conference Committee on Special Education to take over this issue of *THE JOURNAL OF EDUCATIONAL SOCIOLOGY* for discussion of the problem.

HARVEY ZORBAUGH

ERROR

In the footnote on page 309 of the January number of *THE JOURNAL*, Dr. Frank N. Freeman's title should have been given as professor of educational psychology at the University of Chicago.

HARD-OF-HEARING CHILDREN

ANNE C. NORRIS

In the report of the Committee on Special Classes of the 1930 White House Conference on Child Health and Protection, it is stated that there are in the United States "3,000,000 children with hearing impaired in various degrees." These children must not be confused with the 18,212 deaf children who are enrolled in schools and classes for the deaf, according to the same report.¹ There is a great difference in the two groups—medically, educationally, socially, and psychologically. Those whom we term the "deaf" became so either at birth or soon after and *before* they learned in the natural way to speak and use language. Deaf children require a special type of education which can be obtained only through especially trained teachers. It has been said that "deafness before the acquisition of language is a greater affliction than blindness."²

Among the hearing children of the regular grades of the public schools we find that some have hearing impaired in varying degrees. It has been estimated³ that there are 3,000,000 of them. If we think of these children as *hearing children with hearing difficulties* we can more properly comprehend them and their needs. Further, an important factor is that in most cases we must *discover* them. We must go through the schools with a sieve, and, so far, the best one obtainable is the 4-A or phonograph-audiometer. This instrument was developed as a result of a request from the Educational Committee of the Federation for the Hard of Hearing to its scientific committee for some method of testing the hearing of school children

¹White House Conference on Child Health and Protection, 1930, Committee on Special Classes, *Special Education: The Handicapped and the Gifted* (New York: The Century Company, 1931), p. 5.

²Helen Keller, *Midstream: My Later Life* (Garden City, N. Y.: Doubleday, Doran and Company, 1929), p. 81.

³American Federation of Organizations for the Hard of Hearing, Commission on Education, *The Hard of Hearing Child*. Bureau of Education, School Health Studies No. 13, 1927, p. 8.

which would be more dependable than the watch tick and whispered speech tests then in use. With the coöperation of the Bell Telephone Laboratories, 4,112 school children in New York City were tested in 1925. It was found that "595, or 14.4 per cent, will be classed as having deficient hearing, 3.2 per cent having defects in both ears, and 11.3 per cent in one ear only."⁴

Later tests in Boston⁵ and Chelsea⁶ showed that hearing acuity and health conditions had a bearing on each other. In a country day school where health conditions were excellent and where the children came from homes in which careful attention was paid to health habits, after-effects of childhood diseases, colds, and so forth, the percentage of children showing a defect was around 1 per cent, while 7.8 per cent had impaired hearing in a school of a thousand children in a thickly settled part of a city where children came from homes in which parents did not or were not able to give careful attention to health habits, etc.

In Rochester, New York, where hard-of-hearing children as a group were first recognized by a city school system, and where there has been in existence a thorough program of testing, otological care, and lip reading for a period of some years, it was found that 7.7 per cent had losses of 9 or more sensation units in one or both ears.⁷

In Wichita, Kansas, 6.4 per cent of the children had impaired hearing.⁸

The medical inspector of the schools of Philadelphia reported as follows:⁹

Our school medical inspectors routinely report a prevalence of slightly less than one per cent defective hearing or inflammatory ear disease in pupils, while on the other hand the majority of persons who have used the electric audiometer in

⁴Edmund Prince Fowler and Harvey Fletcher, "Three Million Deafened School Children," *Journal of the American Medical Association*, December 4, 1926, pp. 1877-1882.

⁵A. W. Rowe, and D. W. Drury, "Tests of Hearing of Five Hundred Average Ears by the Audiometer No. 2-A," *Archives of Otolaryngology*, May 1925, pp. 524-532.

⁶Eva G. Macnutt, addressing the Health Section, National Conference on Social Work, Boston, 1930.

⁷F. W. Bock, Report of Special Work with Hard of Hearing Pupils in the Public Schools (Rochester, N. Y.: Board of Education, 1930).

⁸Wichita Public Schools, Bulletin No. 21, August 1930.

⁹Division of Medical Inspection, Public Schools, Philadelphia, June 30, 1931.

schools have reported a prevalence of hearing defect of at least 7 per cent. School medical inspectors are usually unable, with their necessarily crude methods of testing pupils' hearing, to detect those cases where the hearing loss is less than 15 or 20 per cent.

The above statement is proof that an adequate test is necessary. "The 4-A audiometer is a valuable first filter and its positive findings are wholly significant."¹⁰ With this instrument it is possible to test the hearing of forty children simultaneously. It consists of a spring motor phonograph using a magnetic reproducer which picks up the sound waves reproduced by the record and transforms them into electrical vibrations. These are delivered to the ears of the persons who are being tested through ear phones. A record is played on which are recorded two series of numbers, one reproduced from a woman's voice and one from a man's voice. The voices decrease in intensity, and, as the record is played, the persons tested are required to write the numbers as they hear them. A person's hearing is rated by his ability to hear these numbers.

We now know that many children thought to be behavior problems or mentally dull were laboring under hearing difficulties. They heard so much that it was thought they heard normally. Parents and teachers had failed to link up restlessness, inattention, strained facial expression, and failure in class with impaired hearing until the phonograph-audiometer test disclosed the defect. Even a slight hearing loss is a handicap to normal educational progress. It has been said by one who knows that "hearing is the deepest, most humanizing, philosophical sense man possesses."¹¹ Denied this sense, even in part, so that what is said is not easily and entirely understood, and adequate philosophy of life is necessary and usually has to be developed.

The *discovery* of a hearing defect is not enough. When a retest shows that there is indeed a defect an ear examination by the family or school otologist must follow. Ex-

¹⁰Allan Winter Rowe, "Unrecognized Deafness in Children," a radio broadcast, March 10, 1932.

¹¹Helen Keller, *op. cit.*, p. 15.

perience has shown that prompt and adequate attention returns many children to the normally hearing class or often arrests their trouble. "More important than remedial educational work is the prevention of deafness."¹² "Deafness is dependent on the physical capacity and ability as a background. The ear apparently suffers or is more sensitive to certain sources of toxemias than any other part of the body. The eye, for instance, is especially sensitive to the backbone. The ear is very much more sensitive to a pussy tooth; it is sensitive to various intestinal upsets—apparently more so than any of the other organs."¹³

A certain proportion of those children found in the screening process to be hard of hearing will need lessons in lip reading by a special teacher in addition to their regular classroom studies if they are to keep up to grade. It is estimated that approximately 342,000 of the 3,000,000 children with varying degrees of hearing impairment are in need of lip reading.¹⁴

The Sub-Committee on the Deaf and Hard of Hearing of the 1930 White House Conference reported that 3,873 hard-of-hearing children in the school systems of 61 cities were being given periodic lessons in lip reading.¹⁵ The more recent report of the Chairman of the Committee on Hard of Hearing Children of the American Federation of organizations for the Hard of Hearing, Inc., states that there were during 1931-1932 3,440 hard-of-hearing children in only 46 cities so provided for, not all cities included in the former report having been heard from.¹⁶

Hard-of-hearing children may need special seating in the classroom,¹⁷ periodic lessons in lip reading, or, in more serious cases, speech correction and vocational training

¹²J. E. W. Wallin, *A Brief Survey of Special Education in the Public Schools of Baltimore* (Baltimore, Md.: Superintendent of Public Schools, 1929).

¹³Dana W. Drury, addressing the Health Section, National Conference on Social Work, Boston, 1930.

¹⁴C. S. Berry, *Preliminary Committee Reports*, White House Conference on Child Health and Protection (New York: The Century Company, 1930), p. 319.

¹⁵*Special Education: The Handicapped and the Gifted*, pp. 336-337.

¹⁶Anne C. Norris, "Committee on Hard of Hearing Children," *Auditory Outlook*, October 1932, pp. 323-325.

¹⁷Eliza C. Hannegan, "The Honor Seat," *Journal of the National Education Association*, November 1932, p. 242.

in addition to more intensive instruction in lip reading.

At the present time there are three textbooks on elementary lessons in lip reading.¹⁸

The training of teachers of the hard of hearing is less elaborate than the training of teachers of the deaf. They should have work in lip reading, speech correction, voice development, and social problems of the hard of hearing.

In most cases the lip-reading teacher goes from school to school or from center to center. In Portland, Maine, there are grade teachers in several school buildings who have taken the course in lip-reading methods and are thus prepared to care for the children in their buildings. Periods of instruction are from one-half hour to one hour, and are held once or twice a week.

Rochester (New York), Baltimore, and Detroit, maintain *also* special classes for the very hard-of-hearing children. They are sent to the class from different schools and remain there for intensive work until such time as they can keep up with their grade. An audiphone is part of the equipment of the Baltimore class.

It has been found that (1) more hard-of-hearing children repeat grades than do children with normal hearing; (2) a hard-of-hearing child can, with the acquisition of lip reading, change from a backward to a bright pupil; (3) the estimated costs are less to give audiometer tests and provide lip reading than to reëducate grade repeaters.

In the actual findings in his Survey of Special Education in the Public Schools of Baltimore, Dr. Wallin found the duties of the Acting Supervisor of Deaf and Hard of Hearing of that city to be as follows: supervision; individual conferences; group meetings; surveying schools to discover those with hearing defects; individual testing of hearing; taking children to medical clinic for ear examination; keeping records; home visiting; teaching lip reading

¹⁸Martha E. Bruhn, *Elementary Lessons in Lip Reading* (Lynn, Mass.: The Nichols Press, 1927).

Agnes Stowell, Estelle Elsie Samuelson, and Ann Lehman, *Lip Reading for the Deafened Child* (New York: The Macmillan Company, 1928).

Olive A. Whildin and M. A. Scally, *The Newer Method of Speech Reading for the Hard of Hearing Child* (Bel Air, Md.: Harford Printing and Publishing Company, 1929).

to adults and children; training teachers; working on course of study; organizing classes for both deaf and hard of hearing; observing hard-of-hearing children in regular classes; follow-up work; and vocational guidance for deaf and hard-of-hearing children when required.

In his recommendations Dr. Wallin states that "the education of deaf and hard-of-hearing children in the same classes is discontinued in modern practice. Hard-of-hearing children should be educated in a normal speaking environment."

An exception to such a recommendation is found in the Report¹⁹ of the Chairman of the Committee on the Hard of Hearing Child of the American Association to Promote the Teaching of Speech to the Deaf where it is stated that children "in the middle zone of deafness need all the help and advice that educators of the deaf can give them." (By "children in the middle zone of deafness" is meant those hearing children who have lost too much of their hearing and whose speech has grown too faulty to make proper progress in the regular grades, but yet who have too much hearing, speech, and language to be educated to the best advantage with the necessarily slower learning deaf.)

The Children's Charter, an outcome of the White House Conference, is called by the Wyoming State Conference "the most remarkable, far-reaching document brought forth by any nation in this age, and which serves as the basis for the substantial improvement in the general welfare of our people through the pathway of child welfare."

Its Article XIII is as follows: "For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met."

¹⁹Anne C. Norris, "Committee on the Hard of Hearing Child," *The Volta Review*, October 1932, p. 521.

And, finally, we have the following recommendations from the Conference.²⁰

1. Any or all of the research recommendations of the Second Conference on Problems of the Deaf and Hard of Hearing described in No. 88 of the Reprint and Circular Series of the National Research Council, Washington, 1929, be put into execution as soon as possible.

2. A more accurate term is needed for those designated as hard of hearing. It should be based on speech and language ability.

3. The laws providing for adequate detection of hard-of-hearing children, as well as for their compulsory school attendance, should be more carefully drawn and emphatically enforced.

4. The following surveys should be made:

a) Extension and continuance of surveys conducted in some cities for the detection of auditory deficiency among school children and the determining of the degree of deficiency

b) A survey of children classed as mentally deficient or retarded to ascertain, by means of adequate scientific hearing tests, whether their hearing is normal

c) A survey of the personnel engaged in teaching the hard of hearing

d) A survey of teacher-training centers, courses of training, etc.

e) A survey of laws requiring aural examinations of school children as a basis for detection at such early age that remedial treatment would be possible

5. Adequate tests for the educational and psychological examination of hard-of-hearing children should be developed.

a) Trials of various present tests for measurement of the intelligence of the hard of hearing

b) Test comparisons among the three groups: the deaf, the hard of hearing, and the hearing

c) Development of thoroughly standardized tests, both group and individual, for the classification of deaf and hard-of-hearing children in schools in order that the incidence of feeble-mindedness among both groups may be better known

d) Determination of general distribution of intelligence of the deaf and the hard of hearing so that more adequate plans may be made for their educational and vocational careers

e) Construction of objective tests of speech and lip reading

f) Development of mechanical aptitude tests

g) Study of different methods of teaching as soon as necessary tests and scales have been constructed

h) Further investigation of the training of residual hearing

6. Thorough survey of curricula should be made; educational tests based on this survey should be constructed; and standards established.

a) Comparisons of curricula for hard-of-hearing and hearing children

b) Investigation of present practice of time spent on lip reading

c) Study to determine maximum possible use of residual hearing

d) Study of the maximum possible use of visual education

²⁰*Special Education; The Handicapped and the Gifted*, pp. 322-326.

e) Investigation of amount of special training in a separate class or school depending on basic intelligence and amount of hearing of hard-of-hearing children

f) Credit be given hard-of-hearing children for lip reading in the grade schools. Where speech courses are necessary credit should also be given for speech work

7. Thorough psychological study of hard-of-hearing children of pre-school age should be made.

a) Wider use of visiting teacher to assist in parental education

b) Development of adequate hearing test for children of preschool age

8. Personality and character traits and emotion factors among the hard of hearing, both adults and children, should be measured.

a) Psychological research on emotional difficulties likely to arise in the lives of hard-of-hearing children

b) Study made of social maladjustment of the hard of hearing with a view of effectively solving the problems presented

c) Study made of the number of children who are classed as mentally deficient who in reality have only defective hearing

9. Thorough study should be made of all occupations with the view to finding those most suitable for the hard of hearing in order that training in school may be directed towards such occupations.

a) More adequate provision for placement and follow-up

10. Investigation of the cost of annual scientific hearing tests compared with the cost of education when hearing defects are not discovered.

a) Study made of hard-of-hearing children who repeat grades

11. Consideration should be given to the feasibility of establishing, at some university, a national training school for teachers of the deaf and hard of hearing with ample facilities for research and adequate training schools.

a) Establishment of more normal-training courses for trained teachers who wish to become teachers of the hard of hearing; these training courses to be thorough and practical as well as theoretical

12. Medical provision should go hand in hand with educational provision especially in certain types of deafness.

a) Deafness be made a reportable disease in order that steps may be taken for correction when possible; immediate steps may be taken towards the child's special education in cases of serious loss of hearing or where deafness is progressive; vision be conserved as well as hearing

13. More concerted effort to impress upon the medical profession and to acquaint the general public with the grave after-effects of many diseases of childhood which result in serious loss of hearing.

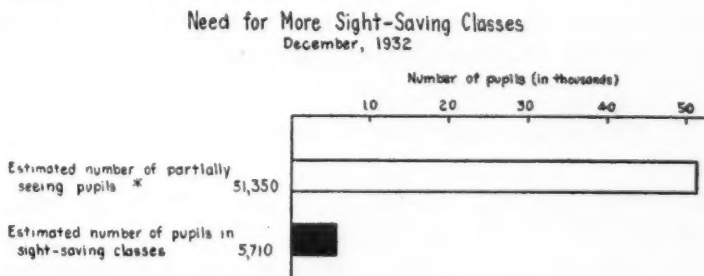
14. The establishment of a special educational center for the blind who are deaf or hard of hearing, not necessarily a school. New cases could be sent to it for observation, classification, and elemental training and later admitted to schools for the deaf or blind or both in their home States. Special cases might have to be provided for in this center.

15. The hard of hearing who are feeble-minded should be segregated in schools for the feeble-minded and provided with teachers skilled in teaching the hard of hearing as well as the feeble-minded.

EDUCATIONAL OPPORTUNITIES IN THE UNITED STATES FOR PARTIALLY SEEING CHILDREN

WINIFRED HATHAWAY

Although thinkers in advance of their times began to realize as early as 1802 that children with seriously defective vision are quite as much misfits in schools for the blind as in those for the normally seeing, the earliest practical application of this belief was the establishment of the first school for myopes in England in 1908. In 1911 the first school on the European continent was established in Strasbourg. The United States followed by initiating the work in 1913 with two classes, one in Boston and one in Cleveland. From this modest beginning the number of classes in the United States has increased slowly but steadily; at the close of 1932 there were 414 classes, representing 22 States and 119 cities.



* The ratio of one out of 500 of the school population was used in estimating the number of partially seeing pupils

EXTENT OF THE PROBLEM

The most conservative estimate of the number of children requiring the advantages of a sight-saving class is one in 1,000 of the school population, but in those States and cities that have had the longest experience in this work and have made the most intensive efforts to meet the needs, the estimate is much nearer one in 500. Exclusive of those pupils whose sight can, by treatment or glasses,

be so helped as to enable them to carry on their work in the regular grades, there are over 50,000 children in the United States who need the advantages of educational facilities specially adapted to their vision handicaps.

Encouraging as is the work already accomplished, the diagram on page 331 shows how much remains to be done.

CANDIDATES FOR SIGHT-SAVING CLASSES

And who are these children? In general, they may be divided into two groups: those with eye conditions that are likely to grow worse unless the sight is carefully guarded and those with low static eye difficulties who are unable to see well enough to use the regular school equipment.

The final decision as to which children belong in a sight-saving class rests with the ophthalmologist. But since ophthalmologists do not have the opportunity of examining all school children or even a very small proportion of them, the nurse and the school physician must have some guides that will help them to determine which children should be routed to an ophthalmologist for this decision. These guides vary so in different communities that only the following very general suggestions can be made;

Children having a visual acuity between 20/70 (6/21) and 20/200 (6/60) in the better eye after proper refraction, children in elementary schools having four or more diopters of myopia, and children suffering from eye diseases which are inactive or subsiding, in which some irritation may be present, provided the approval of the attending physician is given, should be sent to an ophthalmologist. Any child who, in the opinion of the ophthalmologist, would benefit by it, should be assigned to a sight-saving class, subject to suggestion for treatment and training by such ophthalmologist and the acceptance of the educational authorities having charge of such classes.

All cases must be considered individually.

It is assumed that all children assigned to sight-saving classes have average normal mentality.

ORGANIZATION AND ADMINISTRATION OF SIGHT-SAVING
CLASSES

When it has been demonstrated that there is need for a sight-saving class in a community, either through examination of the eyes of all school pupils or by deductions made from health records, the educational authorities must assume the responsibility for providing the educational facilities.

One of the earliest steps is the selection of a school building. Since these children are social beings it is important that they have opportunity for mingling as much as possible with their normally seeing companions. Segregating them in a group by themselves, no matter how great an advantage this gives them to overcome their visual handicap, is but robbing Peter to pay Paul, for their mental development is likely to be procured at the expense of their social relationships. In the United States practically 90 per cent of the sight-saving classes are conducted on the coöperative or the coördinating program by which these pupils do all work requiring close use of the eyes in a special classroom under the direction of a trained teacher, and join their normally seeing companions for oral work, dramatization, rote singing, music appreciation, and other activities that may be decided upon coöperatively.

Since the proportion of children needing this type of education is small as compared with the general school population, one class must often serve a district or a community. Hence, children in three, four, or even more grades will be found in the group. It is, therefore, essential to the success of the coöperative plan that a school having the same grades as those represented in the sight-saving class be selected. A centrally located school will help to solve the very difficult problem of transportation.

Wherever possible, a modern building, or at least one renovated to meet modern requirements, is chosen since it is likely to approximate the ideal of correct lighting, seating, decoration, etc., somewhat as follows: east, west, or northeast or northwest exposures to give a maximum of light with a minimum of glare; unilateral lighting to the left of the pupils; glass area adapted to the proportions of the room, the glass reaching to within six inches of the ceiling since the best light comes from above; narrow bastions to prevent shadows; natural light controlled by two translucent, buff-colored shades placed on rollers near the center of the window, wide enough to avoid streaks of light at the side and with protection of the space between rollers; adequate artificial lighting without glare, well distributed and diffused and properly maintained; light-colored walls, preferably buff in temperate zones, white or light cream ceilings, neutral tone woodwork, all in dull finish to prevent glare; adjustable, comfortable, hygienic seats and desks that lift to an angle, also in dull finish; good slate blackboards kept in condition.

SPECIAL EQUIPMENT

The above equipment differs in no wise from that which should be afforded any child. For children with seriously defective vision the following special equipment is necessary: books in large, clear type; large size buff-colored paper; heavily leaded pencils; pens that make a clear, heavy line; chalk that meets the same requirements; typewriters in large type in order that typewriting may be substituted as soon as possible for much handwriting; large, clear maps without detail; good illustrative material and material for creative work specially adapted to the needs of the child with serious eye difficulties.

CURRICULUM FOLLOWED IN SIGHT-SAVING CLASSES

Pupils with seriously defective vision, to be eligible for sight-saving classes, must be of normal mentality. In the coöperative system they recite with normally seeing com-

panions. Furthermore, four and one-half per cent of the pupils assigned to sight-saving classes are able, in time, to return to the regular grades because adequate care and treatment result in improvement of eye conditions. From the foregoing it should be evident that the curriculum used in regular grades should be followed as closely as the eye conditions of the pupils permit.

SUPERVISION

A. Ophthalmological Supervision. Ophthalmological supervision includes not only the first examination of the eyes to determine candidacy, but also arrangements for regular subsequent examinations, for treatment for eye diseases, for prescribing of glasses where these are necessary, and for checking glasses with the prescriptions. It also includes making recommendations concerning the amount of close eye work that may be undertaken, and provision for the maintenance of careful records which are made available to the educational authorities so that teachers may be conversant with the eye difficulty of each pupil in order to fit the work to his needs.

In the United States such ophthalmological care is provided in various ways: by private physicians, by ophthalmologists of the board of health or the board of education, and by private agencies. Much of this care is excellent. It is, however, greatly to be deplored that in only 50 per cent of the classes is ophthalmological service regularly and adequately provided.¹

B. Pedagogical Supervision. In only two States, New York and Ohio, are all classes given the advantages of a special sight-saving class supervisor. In the great majority of cases the supervision is placed under the jurisdiction of a supervisor of all special classes. It is evident that to give efficient service such supervisor should be thoroughly conversant with all phases of the work. It is unfortunate

¹White House Conference on Child Health and Protection, 1930. Committee on Special Classes, *Special Education: The Handicapped and the Gifted* (New York: The Century Company, 1931), p. 220.

that in many instances the special training of such supervisors is limited to the work of but one group.

TRAINING OF TEACHERS OF SIGHT-SAVING CLASSES

A. Fundamental Training. The ultimate success of a sight-saving class depends upon the teacher. Naturally, the teacher of a sight-saving class should have the fundamental qualities and educational training necessary for teaching normally seeing children.

Since she must carry over into the special work the normal attitude and also since she will doubtless have to teach several grades, experience of from three to five years of teaching regular grades is essential.

B. Special Training. What shall be included in the special preparation and what shall be the length of time required to obtain special training are moot questions. There is, however, general unanimity of opinion regarding the inclusion of certain fundamental lines of study. First and foremost, a course should be taken on the anatomy, physiology, and hygiene of the eye including a study of refractive errors and common eye diseases, with opportunities, under guidance, for considerable observation in an eye clinic. Unless such training is adequate it is impossible for a teacher to adapt the work to the individual according to his needs. Second, a course in the organization and administration of sight-saving classes is necessary. This is essential for a thorough understanding of all phases of the work. Third, a course should be taken in methods of teaching sight-saving classes. Such a course is adequate only when developed through observation in a demonstration sight-saving class. Hence, opportunity should be included for this in the preparation work.

In all phases of teaching, education must be a continuing process. Out of the experience of the sight-saving class teacher will come the urge for further study—a reaching out to broaden and deepen her own educational life in order that she may, in turn, broaden and deepen educational opportunities for her pupils.

HEALTH OF SIGHT-SAVING CLASS TEACHER

The health of such teacher is of paramount importance, since the demands are usually greater than in the regular grade. Above all, she should possess excellent sight, because she will be required to spend this most generously to save that of her pupils.

OPPORTUNITIES FOR PARTIALLY SEEING PUPILS IN SECONDARY SCHOOLS

The same proportion of pupils eligible for secondary education will be found in sight-saving classes as in groups of normally seeing students. Opportunities in junior high schools are increasing almost at the same rate as those in elementary schools. A creditable number of cities are offering opportunities for continuing the work in the senior high schools.

VOCATIONAL TRAINING AND GUIDANCE

The same proportion of motor-minded pupils will be found in the partially seeing groups as in the normally seeing; for such the greatest opportunity would seem to lie in vocational training. Such opportunities for partially seeing pupils either in junior or in senior high schools are, at present, exceedingly limited. Development of these opportunities must be guided by the results of further research to determine what types of work may safely be undertaken by those with serious eye difficulties and what opportunities will be offered for actual employment along these lines.

EDUCATIONAL OPPORTUNITIES IN RURAL COMMUNITIES

It is natural, because of the increased difficulties in solving the problem, that very little has been done for partially seeing children in rural communities. It is greatly to be deplored that twelve States still feel that the solution of the problem is to send such children to schools for the blind.

Three States have already demonstrated that county classes will prove at least a partial solution of the problem. Another possibility may be found in the establish-

ment of sight-saving classes in the demonstration schools of teacher-training institutions. The fact that teaching in rural schools is largely individual opens the way for special work with partially seeing children in their own communities, provided that State supervision makes possible adequate help to enable rural teachers to formulate and carry out a program.

FINANCING SIGHT-SAVING CLASSES

The State makes education compulsory; hence it should bear its just proportion of the additional expense incurred by providing facilities for those who cannot make use of the regular equipment. Fourteen States have recognized their financial obligations for the education of partially seeing children. It is noteworthy that 94.5 per cent of the sight-saving classes in the United States are found in these fourteen States.

The justification for such investment lies in the possibility of changing potential liabilities into actual assets. The State's financial expenditure should therefore be accompanied by the setting up and maintaining of standards of requirements for supervision and teaching, for methods of establishing and conducting classes, and for the physical equipment of classrooms and the material to be used by the children.

ULTIMATE SOLUTION

It is evident that the State should assume the responsibility for the education of all educable children. Hence, for the 50,000 or more partially seeing pupils of school age opportunities as adequate as possible must be provided. Special education is, however, reaching alarming proportions and it would be a most uneconomic and short-sighted policy to overlook the fundamental principles of preventing, in so far as this is humanly possible, in succeeding generations, those difficulties that make special education necessary. Such undertaking calls for a co-operative effort—medical, educational, and social—to discover and eliminate causative factors.

TRENDS IN EDUCATION OF CRIPPLED CHILDREN

MARGUERITE LISON INGRAM

In the United States up until nearly a decade ago, there had not been any State-wide programs looking towards the solution of the educational problems of the crippled child. A few of the States previous to that time had legislation providing for medical care of this group. Some of the larger cities had developed splendid programs for the education and medical care of crippled children, but their interest in this problem had been entirely local. In 1921 there was organized the International Society for Crippled Children, a group comprised largely of lay-persons interested in the problems of the disabled. Through the promotional efforts of this organization under the inspiring leadership of its president, Mr. Edgar F. Allen, of Elyria, Ohio, thirty-three States have formed State societies. These State societies have created considerable interest in the problems of the crippled child and have sponsored legislation in behalf of this group. In these particular States there have been enacted many laws looking towards equal opportunities for crippled children, both from urban and rural communities, in the fields of medical care and education. The trend in legislation regarding education for crippled children is to provide them with opportunities equal to those of the normal child.

In the field of education, perhaps there has been no one who has had a greater vision of the possibilities for the crippled child than Miss Jane A. Neil. Miss Neil was for a number of years principal of the Spalding School for Crippled Children in Chicago. Her recent death has caused a deep-felt loss in the crippled-child movement in this country. Not only did she strive valiantly for enlarged and better facilities for the education and care of crippled children of her own city, but she has urged at

all times the establishment of special facilities for the handicapped child of the small town and rural community.

Because of Miss Neil's wide experience, her untiring efforts in behalf of the physically handicapped, and her broad vision of the entire problem, her services as chairman of the Crippled Children Committee of the recent White House Conference were of inestimable value. In 1930 this committee conducted the first scientific study of the problem on a national scope.

The committee learned in surveys made in some States that the ratio of crippled children averaged about 2.5 to 3 per thousand population. It was estimated, therefore, that there are 300,000 crippled children in the United States. It was also learned that about one third of this group need special educational facilities. Of this number approximately 10,000 or one tenth of that number were actually being provided with special educational facilities.

In 1930 sixteen States either required or authorized the establishment of special classes for the crippled. Eleven of the sixteen States provided some State support for these special classes and nine provided for State supervision of the work in the educational department. A few States provided for academic instruction in hospitals for crippled children, for transportation to regular schools, and for home teaching.

The problems of the crippled child are so complex that it is impossible to separate any one phase and to attempt to consider it to the exclusion of the other phases. The physical and medical side of this problem must at all times be considered if a satisfactory educational and rehabilitation program is to be carried on. The closest coöperation is necessary with the medical, social, and industrial groups of a community if the educational facilities for crippled children are to produce the best results.

In 1930 there were fifteen States which provided special classes for crippled children as part of the regular school

system. One other State had hospital classes but no other educational provision for this group. Admitted to these orthopedic classes which are under the supervision of the public-school systems are various groups of crippled children. Based on the policies followed by the various States in regard to which children shall be admitted to these special classes, the White House Conference recommended the following standards:

A crippled child eligible to attend a special school or class for crippled children is one who, by reason of disease, accident, or congenital deformity, cannot attend the regular school with safety and profit during the period of his physical rehabilitation, simultaneous mental training and social adjustment.

A child for whom physicians and surgeons have recommended the daily care of nurses and physiotherapists

A child who must have transportation service to reach school, specially adjusted furniture, or other facilities

A child who needs special attention in vocational guidance, training, and placement

A child handicapped by cardiac complications or other medical conditions for whom no other provision has been made

A child who requires plastic surgery which must be followed by muscle training or speech training.

For the group of children who are unable to walk or to climb stairs it is very evident that school facilities different from those in most regular schools are necessary. The orthopedic schools are usually provided with ramps or elevators in order that wheel chairs may be moved about the building. With such provisions, a child using crutches or wearing braces encounters little difficulty in attending classes. At all of the special schools bus transportation is provided. In most of the special schools an entry to the building is provided which is protected and which has a landing level with the floor of the bus. Railings are provided along the hallways and in classrooms in order that children having difficulty in standing may have this support. In many of these special schools, matron service is provided in order that quite helpless children may attend. Only a few of the larger cities have provided high-school courses in the special build-

ings. It is being urged that all regular high-school buildings provide elevator service, thereby making it possible for many older disabled boys and girls to obtain higher education. Many of this group are now being deprived of this opportunity only because of their inability to climb stairs.

When the orthopedic classes were first established, some of the cities provided for the educational needs only of the crippled child and admitted just those children who had difficulty in attending regular schools. Other cities provided for treatment and supervision of the physical care of crippled children as well. In the group needing treatment are many children who, as far as their ability to walk or climb stairs is concerned, are able to attend regular schools but who come to the orthopedic school to receive the necessary treatment provided there. The tendency in most States at the present time is to provide therapeutic treatment as part of the service of all orthopedic schools and to admit this latter group.

There are many crippled children for whom no surgical care may be necessary but for whom some type of therapeutic treatment may correct or greatly improve their condition. In a few States, facilities for treatment of this group has been provided in convalescent hospitals. It has been found, however, that in orthopedic schools the same care can be provided at a lesser cost and under much more normal conditions for the child.

Since 1900, medical science has progressed far in the surgical treatment of orthopedic cases. Frequently, however, some of the accomplishments of fine surgical care for crippled children have been lost through the inability of the parents to provide the after care advised and which is necessary to ensure permanent results. Where orthopedic schools have been established, children who have been discharged from hospitals with recommendations for corrective exercises, muscle training, heliotherapy, hydro-

therapy, and other forms of treatment can be enrolled and the physicians' recommendations carried out for as long a period as is necessary. Each child to receive treatment in an orthopedic school is admitted on the recommendation of his physician or of an orthopedic specialist.

The physiotherapists who have charge of the treatment work in the orthopedic schools are either graduates of schools of nursing or physical education with additional training and experience in crippled-children work. The trend now is to have in the orthopedic schools those physiotherapists who have had a physical-education degree of university grade with the additional training necessary for work in the crippled-children field.

Another group of handicapped children usually cared for in the orthopedic schools is the children suffering with cardiac complications. Some of the children with certain forms of heart disease are too seriously ill, of course, to attend any school. Another group, with some restriction of their activity, can attend a regular school with safety and comfort. There are children in a middle group, however, who are able to continue with their academic studies and are usually able to keep up to grade if provided with transportation to school, do not need to climb stairs, can have several rest periods during the day, and can have all their recreation and exercise carefully supervised. Children in this group of cardiac cases are enrolled in orthopedic classes. Records are kept of their pulse and temperature and frequent reports are made to the physician by the physiotherapist at the school. A few children having other medical conditions such as diabetes, kidney complications, etc., are sometimes admitted to the orthopedic schools when their condition does not permit their attendance at a regular school.

Most orthopedic schools are provided with rest rooms where the crippled children and those with heart trouble may have as many rest periods as their physicians recom-

mend. In nearly all schools, noon luncheon and, usually, milk during the morning session is served. In a few schools breakfast is also served to those children who are very much undernourished.

In the classrooms of the orthopedic schools, special seats are usually provided the children with certain types of deformities. Seats have recently been manufactured which provide supports for the child wearing a cast or braces. These seats can also have the wooden back supports removed and be supplied with wide bands of webbing which can be padded in various ways to make both a corrective and comfortable back rest for the child having a spinal curvature.

The academic instruction in these special schools is conducted much as in regular schools. As far as possible the regular course of study is followed. When these classes are first organized in a city, there are always a number of children greatly retarded because of absence. In order to bring these children up to grade, much of the academic instruction in the orthopedic classes must be more or less on an individual basis. In the States where there has been established a complete educational program for the crippled child, one does not find so much retardation after a few years.

In some States where the special classes for crippled children have been organized for several years, additional requirements above those in regular schools have been set for teachers in orthopedic schools. Such cities have required postgraduate study of the problems of this group and also a certain number of hours in observation at clinics. In States where orthopedic classes have only recently been organized, academic teachers have been chosen from the superior group in regular schools, with much consideration to their personality, leadership, and ability to adapt themselves easily to all conditions.

In the White House Conference report the following recommendations were made regarding the requirements

for academic teachers. These recommendations portray very clearly the complexity of the educational problem of the crippled child:

It is manifest from these findings that teachers of crippled children must have exceptional qualifications and training. In addition to superior ability in teaching normal children, the requisites in personality are adaptability, willingness and endurance, controlled sympathy, and vision. The teacher of crippled children must be able to keep up to grade the children who are constantly becoming retarded by absences of hours, days, or weeks. She must carry on her class program in the larger schools in coöperation with the doctors, nurses, and physiotherapists of the treatment center, and coördinate her work with that of shops or with other special services. She is surrounded by children enduring discomfort, often actual physical or mental suffering; there are noises of crutches and braces, of wheel chairs; the shock of children falling and the necessity for helping, at all times, in meeting emergencies that are foreign to regular classroom teaching. Since the welfare of the crippled child is dependent in so great a degree upon the attitude and circumstances of the family, the teacher must be able to enter into their planning for his educational and vocational program. Vision is especially needed, when the time comes, to help tide the adolescent child through the spiritual crisis of realization of all the implications of his physical impairments, in their relation to his social and his vocational ambitions. These qualities, needed in any school for crippled children, cannot be too greatly emphasized for the teacher in the single-room class or rural school.

Skill in teaching in this special field depends largely upon a sound background of knowledge of child psychology, with an added insight into the emotional and mental significance of physical defect; upon a scientific understanding of the diagnosis, treatment, and prognosis of the diseases which are the chief causes of crippling; and upon training in the general principles of social case work and vocational guidance.

In some States, academic instruction is provided in orthopedic hospitals and in general hospitals having wards for orthopedic cases. A few States grant State aid for such instruction; in the others, the local boards of education pay the cost. Several States provide State aid for instruction given crippled children in their homes, but in most States this cost is paid by local school districts.

There is another group of crippled children who do not need the supervision of an orthopedic school but who are handicapped in walking to the regular school. Several

States have provided aid for transportation for this group. Several States have also provided aid for maintenance to assist crippled boys and girls in obtaining a high-school education. These are the children living in rural communities where no high school is established.

It was very evident in the survey made by the White House Conference that the crippled child of rural communities and small towns did not have equal opportunity with those living in urban centers. Since the time of this Conference, the Federal Bureau of Education added a member to its staff to study the educational problems of crippled children. At the present time a very extensive study is being made of crippled children living outside the urban centers by this Bureau.

The appointment by the Federal Bureau of Education of some one to study the problem of the crippled child has also fulfilled to a large measure the recommendation of the Conference that a national bureau of research and publicity be established for the problems of the crippled child.

Following are the general recommendations which were made by the White House Conference for Federal, State, and local organizations necessary to carry on an efficient program for the education and follow-up care of the crippled child:

The following organizations should be instituted:

1. A National Bureau of Research and Publicity

To study the best methods of giving the crippled child, according to his endowments, equal opportunity with the normal child

To study the end results of special education through individual case studies embracing large numbers of children over a period of years

To study the cost of education for crippled children under different methods, in the light of services rendered and end results

To establish terminology

To study the problem of rural children, with especial reference to those of mountainous regions and of the great plains

To plan for the extension of the services of the State and

Federal vocational rehabilitation bureaus to meet those of special schools and classes

To carry on a continuous program of publicity and propaganda based upon the constitutional rights of crippled children, not upon sentiment

2. An administrative unit, wherever feasible, in the State department of education, to which shall be delegated all powers and duties in connection with the care and education of physically handicapped children

To provide for the systematic enumeration of crippled children from birth to twenty-one years of age through a school census, to be taken annually by enumerators qualified to recognize the various types of crippling diseases and conditions

To maintain a central register of crippled children through a well-coördinated system of reporting from all agencies, organizations, and individuals concerned in the care of crippled children

To assume responsibility for coördinating the services of the State departments of health and welfare with that of education in a complete program for prevention, treatment, education

To work in close coöperation with the division of rehabilitation in developing a coördinated program for vocational guidance, training, and placement

To report children to local school boards

To promote and supervise special education in local school systems, serving in an advisory capacity on questions relating to local problems

To assume responsibility for proper legislation relating to provisions for handicapped children

To secure coöperation of medical and lay groups in the larger problems of prevention.

To evaluate annually the work of the State and local communities

To develop effective methods of publicity in order that the public may have a thorough understanding of the value of special education for physically handicapped children

To encourage the establishment of training courses in higher educational institutions to meet the need for more and better trained classroom teachers, physiotherapists, visiting teachers, and vocational advisers

3. Special classes or schools

The public-school systems of local communities, city, town, or county should be responsible for the proper care and training of every individual crippled child

Although dictated by local conditions, organization, facilities, and methods should be based upon the findings of the Federal and State bureaus.

THE PROBLEM OF THE MENTALLY RETARDED CHILDREN IN THE PUBLIC SCHOOLS

META L. ANDERSON

The problem of the mentally retarded children in the public schools is one from which we cannot escape. No matter what we do, that lower end of the curve of distribution is always with us. In the urban civilization which we have developed to such an extent in this country, we have become dependent upon each other. The greater need of coöperation is apparent. Weakness in any link of the chain inconveniences or actually hampers many of us.

The mentally retarded who have been trained and who have found their place in the world and are properly adjusted to it can and do make a contribution to society. Those not trained, not adjusted, find their way to the courts or to correctional institutions. In this they are not so different from other groups of average or even superior individuals as we might like to believe.

For some twenty-five or thirty or more years, school systems generally have made attempts to solve the problem of the education of mentally retarded children by segregating some of them into special classes and giving them special instruction. In many instances State laws have been passed directing the establishment of classes for the mentally handicapped whenever the number of such children in any given community warranted it. However, the subcommittee on mentally retarded of the White House Conference on Child Health and Protection found that in the drafting of the laws there had been little consideration given to the underlying educational and economic principles which should guide such legislation.

In spite of the State laws directing the establishment of special classes for the mentally retarded there is a wide gap between the need and the performance. Various

investigations have indicated that 2 per cent of the elementary-school population is feeble-minded and that 5 per cent is mentally retarded. If these investigations have presented a true picture of the problem, then any city school system meeting adequately the educational needs of its feeble-minded and mentally retarded pupils would have 7 per cent of its elementary-school population receiving special instruction. According to these figures a city with 5,000 pupils in its elementary schools should have 350 pupils in approximately 17 special classes, and a city of 50,000 should have 3,500 pupils in approximately 170 special classes. As a matter of fact, there are very few cities or States, if any, which are providing special instruction for any such number of mentally retarded children.

At the time the subcommittee on mentally retarded of the White House Conference on Child Health and Protection made its report, New York City reported 366 special classes, or approximately 7,320 (about 20 to a class) children, Chicago reported 162 special classes, or approximately 3,240 children, and Philadelphia reported 157 special classes, or 3,140 children. Eighty-three cities, out of the 270 cities reporting, reported but one class each or about 20 pupils, 59 reported only two classes each, and 26 cities reported but three classes each.

It is evident, on the basis of the known number of mentally retarded children, that comparatively few are receiving special class instruction.

The present economic crisis is tending to prevent the further development of special education for the mentally retarded, when it does not actually reduce what has already been developed. However, aside from the effect of the crisis, special education for the mentally retarded is entering a very interesting phase of its history. There are some trends which are fairly definite and which seem to point to a continued development of the work for the mentally retarded. There are other trends which are

not so definite as to direction and which seem to point to a continued interest in the work for the mentally retarded, but appear to indicate a solution of the problem of the education of the mentally retarded in other ways than in special classes. This at least indicates that special education is not tradition-bound and can, even now, although only twenty-five or thirty years old, be open-minded to different ways of training dull and feeble-minded children. If better ways of training backward children emerge because of the pressure of the crisis, we can say that "sweet are the uses of adversity."

One trend in the education of the mentally retarded which is definitely indicated and which bids fair to be continued is that which tends towards better social grouping of the children, whether in special classes or elsewhere. The grouping together of all sizes, ages, etc., of mentally retarded children is considered poor educational policy.

Another very definite trend is along the line of remedial teaching. It is no longer defensible to decide that inability to learn is always due to sheer stupidity of the mentally retarded child. The good special-class teacher analyzes disabilities and applies remedial measures.

Still another definite trend is shown in the tendency to incorporate the manual-training subjects into an integrated activity program. The beginning special classes trained the children through a correlated program of manual-training and academic subjects. In the special classes the curriculum has ever been the means of training children rather than an end in itself, but as special teachers of special subjects have been brought in the special classes it has been necessary to keep close watch on the situation in order to keep the emphasis on the children instead of on the subjects. In this present era of emphasis on activity programs for elementary classes, it is still necessary to keep close watch on the situation in order to keep the emphasis on the children to be taught instead of the pro-

gram of teaching. No matter how interesting the program may be, the children are still more interesting.

These definite trends in the education of mentally retarded children towards better social groupings of children, towards better teaching methods and remedial measures for special disabilities, and a better integrated program of activities and academic subjects are the logical outcomes of the work which has already been done in the special education of dull and feeble-minded children.

There are other trends in special education whose direction is not so definite, but which are nevertheless clearly indicated in the present situation in special education. One of these trends is indicated by the tendency on the part of school authorities to disapprove of any sort of segregation whatever, except for the definitely feeble-minded. If segregation in the sense of isolation as opposed to integration in the school system is meant, then segregation should be disapproved because special classes should be a part of the individual school and of the school system to which they belong. If the objectors to segregation mean that all mentally retarded children (exclusive of the feeble-minded) should be returned to their own social groups in the elementary, junior, or high schools, then the value of such a course is open to question. This trend against segregation indicates the need of a more satisfactory solution of the problem of their education than is presented through special classes. Before a decision can be reached a careful study of the types of solution at present attempted should be made so a better plan for the education and training of dull and retarded children can be arranged which will include whatever good that has been done.

There is a decided trend towards a better understanding of the slower learning children and the children who are not academically minded on the part of the teaching body. This is splendid. A lack of understanding of the needs, abilities, and disabilities of this group has led to some hasty conclusions and some ill considered plans. Better

understanding of the dull children and a closer coöperation between the teachers of the regular school grades and the teachers of special classes will result in a better integrated school and school system where the spirit of "each for all, and all for each" will give every child his just due.

These trends whose direction is uncertain at present are the outcomes of this better understanding and the coöperation between teaching groups. The result can be nothing less than a greater good for the mentally handicapped child.

The subcommittee on mentally retarded of the White House Conference reached a few conclusions as to what ought to be done for the mentally retarded children.

1. *Objectives.* "Special education in any given city should grow until it is in a position to train and educate all the feeble-minded and subnormal children in that city, including the provision for the education of the borderline subnormal children. Many of the borderline subnormal children are placed in classes with either the subnormal or the backward children, which is perhaps better than nothing, but cannot by any means be considered as adequate provision for this large group of children."

When any school system consciously plans to train and educate *all* the children of *all* the people, then it will not fail to educate and train the feeble-minded, the dull, etc., if not in special classes, then in some other fashion.

2. *Organization.* The committee recommended that a department of special education be established in every State which would "provide constructive leadership which would be an inspiration to every city, town, and hamlet of the State." This department was to be of "direct assistance to those localities and communities who cannot afford the expense of specialists in the field of special education."

The committee also recommended separating the feeble-minded from the mentally retarded and dull whenever possible.

The question of special classes versus special schools for the retarded children was not settled, because it cannot be

settled without regard to the specific community where such schools or classes are located, but the committee did agree that "in any event, whatever type of organization is used, it should be considered an integral part of the school system, and children completing the course satisfactorily should receive recognition for that achievement."

3. *Location.* "Instruction of the subnormal and borderline subnormal children should be given in the division of the school system in which they will be properly placed socially; that is, the young children should be provided for in the elementary school, but the older children should receive their instruction in the junior or in the senior high schools or in both of these schools. In the junior and the senior high schools the instruction of the subnormal groups need not necessarily be in special classes, but rather by means of special courses adapted to their needs."

4. *Selection of the Children.* "The selection of the children who are to receive special instruction in special classes should be carefully and scientifically made by those trained and experienced in the field. This can be effected best by a child-study department headed by an educational psychologist who will have the services of physicians, psychiatrists, social workers, and other agencies to assist in determining the best type of training for any given child."

The committee made recommendations for the establishment of vocational guidance bureaus and for the supervision of the mentally retarded in industry. It recommended that methods of instruction and the subject matter to be taught be made the subjects of exhaustive experimental study and research.

The committee could but survey the field and try to understand the trends in the field of special education and draw its conclusions accordingly, because "the solutions of the problems should be regarded as ever evolving. Better knowledge of the possibilities of the children of lower levels of intelligence must come from the continued study of these children and their special abilities or disabilities."

THE GIFTED CHILD

HENRY HERBERT GODDARD

When Thomas Jefferson wrote, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain inalienable rights, that among these are life, liberty, and the pursuit of happiness," it was perfectly well understood that he was talking of human rights, *not* of individual capacities; of social relations, not biological. The utterances no more implies that men were created equal in ability and in intelligence than it does that they were created of equal stature. And yet, as Dr. Henry Fairfield Osborn has well said, "The true spirit of American democracy, that all men are born with equal rights and duties, has become confused with the political sophistry that all men are born with equal character and ability to govern themselves and others and with the educational sophistry that education and environment will offset the handicap of heredity."

So subtle and settled is this idea of intellectual equality that any attempt to overthrow it meets with the most stubborn resistance in most unexpected quarters. It is now 65 years since William T. Harris called the attention of American educators to the fact that there were children in our schools who ought to be promoted oftener than once a year.

Most parents have always known that there were decided differences in the capacities of their children. The mother of John Wesley wrote that all of her children learned their letters in one day, with the exception of Molly and Nancy. It took them a day and a half. Likewise, teachers have probably always commented on the fact that there were some children who never seemed to work but always had their lessons.

In spite of all of these observations, we have been slow

to recognize that the pupils of every schoolroom in our graded system, though of the same chronological age, differ widely in inherited capacity to do intellectual work. We are indebted to Terman for a classification which tells us that 20 per cent of all children are of superior mental ability, while 6 per cent are *very* superior. This latter is the group which is provisionally considered under the title "gifted children."

While the question is still sometimes debated, it is now pretty generally conceded by biologists and psychologists that these students have inherited a superior brain which probably means that a larger proportion of the ten thousand million brain cells with which all humans are endowed have grown and developed to functional maturity. Terman has also shown us in his extensive work entitled *Genetic Studies of Genius* that these children are more healthy than the average child and that they come from families in which there are others of marked ability, thus pointing to the hereditary character of the condition.

This means that on the basis of twenty-five million children of school age in the United States, we have a million and a half who are equipped with a brain so much better than the average that they can cover the work of the curriculum in our public schools in approximately *half* the time required for the average child. It may be pointed out at this place that our term "gifted child" does not include the so-called "child prodigies" such as the Sidis boy, the Hardy boy, and the Stoner girl, who are all the products of home forcing and not examples of inherited ability. If these child prodigies prove anything in regard to education, it would seem to be that to force a child who has not the natural capacity spells ruin. As a recent writer has said of one of these three, "He is ready for the dust heap, a broken bit of human pottery that was baked too quickly."

Contrary to this experience, Terman's studies and the

experience of two large American cities after a ten-year experiment have proved that these gifted children are thoroughly normal and capable of profiting by every reasonable advantage that can be offered them.

The poets have sung of the evils of idleness itself, but for children with brilliant minds to be kept in idleness is a double sin. Some educators have appreciated this and various experiments have been tried for solving the problem. The first was the one proposed by William T. Harris whereby children should be promoted faster and thus get through school at an earlier age. This is an appealing thought but experience has shown that it is not the solution of the problem. The procedure which has created the most enthusiasm is what is known as "enrichment of curriculum." This, however, has sometimes been misunderstood. For instance, the writer recently found some classes in Germany where the gifted children were being provided for by an enrichment of the course of study. Further investigation showed that these were merely children who had done well in their regular classes and it was thought that they *might* do more work. Accordingly, they were put in a class by themselves and given *twice as much arithmetic* as they had been doing. In financial matters it is true that enrichment is having more of the same, more money. But enrichment of experience is not necessarily having more of the same kind of experience. Education, rightly understood, is experience. And so it comes about that the enrichment which counts in the education of gifted children is giving them a broader experience; utilizing their time in those activities which call forth their interest and contribute to their mental, moral, and social development.

The records show that some forty school systems have at various times tried segregating the gifted children into classes which were conducted on one or the other of these two plans, or sometimes a combination of both. Many

if not most of these classes have been gradually dropped for one reason or another, while the remainder have continued in a more or less perfunctory manner. They have never aroused great enthusiasm in parents, teachers, or school authorities. ✓ The fact seems to be that the "rapid-progress" idea does not seem to be the solution of the problem.

With the *enrichment* plan quite different results are recorded. More than ten years ago two of the largest and most progressive school systems in the United States, widely separated and independently, began work with their gifted children. They established special classes for them, which were conducted on the most approved enrichment plan. Today they have some fifteen or twenty classes each in the elementary grades and as many more children in the high schools. Everybody is enthusiastic about them. The writer attended a conference of the teachers of gifted children in one of these two systems and some near-by smaller systems that have adopted the same plan. The conference, an all-day session on Saturday, was attended by four hundred people—teachers, parents, and schoolmen.

If one is to judge by results, the solution of the problem of what to do with the bright boy and girl apparently has been found. It only remains for the patrons of our schools to understand the situation and support the school authorities in the establishment of these classes for the gifted child to come into his own. These children need special consideration and special treatment from a three-fold standpoint. ✓ First, in the interest of the children themselves, second, in the interest of the schools, and third, in the interest of the community.

First, the children themselves. They constitute a distinct group, so different from the rest that they cannot properly profit by the ordinary school routine. That has always been the case though not until recently have we had sufficient knowledge of child nature to understand it.

Today child guidance clinics find a large part of their problems of maladjustment due to the fact that the child is so far above others in intelligence that he cannot tolerate the same kind of treatment that is proper for the average child. Public-school teachers who have looked into the matter realize that there are one or two children in every class that are wasting a considerable proportion of their time because it is impossible for the teacher to keep them occupied and at the same time do justice to the larger number of average children—especially when she does not understand the situation.

Second, from the standpoint of the school. These children are maladjusted, out of sorts, and unhappy. Every schoolmaster knows that that is the soil in which grow discontent, mischief, and delinquency, habits of laziness, anti-social conduct, and bolshevism. Among other things, the child develops a sense of superiority to those about him, with a consequent contempt for them and their thoughts and feelings. He gets to thinking of himself more highly than he ought to think. He gets to thinking of his own importance which is used for his own aggrandisement instead of for the welfare of the group. Personal power rather than social service becomes more or less unconsciously the impelling motive of his life. He becomes a disturbing element in the school and much energy of teachers, principals, superintendents, and even boards of education is used up in trying to straighten out these cases of misapplied mental energy.

There has been serious and proper objection to picking out the bad boys from the school and putting them in a group by themselves because, by this means, the evil thoughts of each are pooled and become the common property of all. There is no such objection to picking out the gifted children and putting them in a group by themselves. On the contrary, all is to the good.

Theoretically and practically, it is found that they work

together, each respecting the other's ability; they lose their self-conceit, because they find that there are others as bright as they are; there is a healthy mixture of rivalry and coöperation; and there is easily instilled in them by the teacher who has the right ideas the conception and habit of service to others rather than individual power.

In spite of the obvious advantages and desirability of these classes one sometimes hears objections to segregating these children into special classes. The same arguments would overthrow the entire graded system. The old ungraded system had some good points which we have lost, but all in all we would hardly go back to the old plan. There is little more argument for having in one group children of mental ages, say from 9 to 14, than there is for having chronological ages from 9 to 14.

A curious objection is sometimes met with to the effect that special classes are undemocratic! When the objection is honest it is probably due to confusion over the word "special"—it suggests *special privilege*. The case is similar to that of one of our large State universities which was subjected to a legislative investigation as a result of an assertion that the professors were "red." They were teaching socialism! The catalogue showed a department of *sociology*!

If democracy means equal opportunity for all, rich and poor, fortunate and unfortunate, then special classes are required; for no child has an equal opportunity in any class where he is forced to mark time because the majority are slower than he. Moreover this movement is merely giving to every child just what the rich and the special privileged have always had. Their parents with money enough to pay tuitions in private schools or salaries for tutors have seen to it that their children had the opportunity they required. Democracy demands that *every child* shall not only have public-school privileges, but that he shall have public-school opportunities adapted to his needs,

whether he be an average child, a blind child, deaf, crippled, mentally defective, or "gifted."

Third, from the standpoint of the community. It is a trite remark that we need leadership. We are woefully lacking in leaders. This is not the place to discuss the psychology of leadership, but it may be pointed out that the failure of a great many of our would-be leaders is due to the fact that they have too narrow a view of life. Too many people have specialized too early. They know their own specialty but they do not see its relation to other activities and to the great problems of group welfare. Too often our leaders have been people who had the zeal but not the knowledge or the wisdom. We have never educated for leadership. We have put all children through the same mill and we have accepted as leaders those who have ambitions or have acquired certain techniques or special controls, but who have not had the intelligence to apply whatever abilities they possess to the pressing problems of the times.

Here, however, are a million and a half children who are *born with superior brains*, who are capable of the highest development, whose very intelligence enables them to discover and appreciate the relation of the individual to the group, and who need only a little encouragement in school to become whole-heartedly devoted to the social welfare. Korzybski has said that the World War marked the passage of humanity from its childhood to its manhood. This would mean that at last society had become conscious of itself and its problems. If this were true, we would now be grasping every opportunity to develop ourselves to the utmost and to attack our social problems with the same care, intelligence, and forethought with which our most intelligent people attack their own problems. And one of the first to be attacked would be this question of the adequate education of these exceptionally gifted children.

The trail has been blazed. Two of the largest school systems in the United States have made independently a ten-year experiment in segregating these children in special classes and giving them an enriched program. Both of these cities have arrived at the same conclusion: that the plan is a success, that it is practicable, that results are most gratifying, and that it should be the next great move in education.

In view of these facts, the White House Conference recommended that such classes should be formed in all cities and that the work should be conducted on the enrichment plan.

The Commissioner of Education of the United States and the National Educational Association were urged to promote this movement in every possible way. It was urged that all teachers in service and all persons preparing to teach should be made acquainted with the problems, with the plan and the methods, to the end that they might recognize the gifted child and do whatever is possible for him even in rural communities and isolated centers where it is not possible to get together enough of these children to form a special class. And the report concluded with the quotation, "Failure to develop the very bright to their very highest capacity represents waste of a kind that we can least afford."

THE EDUCATION OF BEHAVIOR-PROBLEM CHILDREN

HARRY J. BAKER

THE SIGNIFICANCE OF THE PROBLEM

Out of the great welter in recent years of social work, of visiting teachers, of psychiatrists, of psychologists, of sociologists are slowly emerging and taking form some fundamental facts about the nature of behavior problems. The analysis of causes of behavior maladjustments and the program of remedial, corrective, and preventive work are extremely complicated matters which have been left until practically the last in the entire field of handicapped children. Behavior problems are unique in that they tend to stimulate resistance and emotional stress in teachers, parents, and playmates, whereas teaching the blind does not tend to make for blindness in others, or deafness, or mental backwardness, as the case may be. They are distinct in the field of handicapped children in that the nature of their problem is so often regarded as merely lack of will power or some temporary casual factor which can be removed at will, but in the case of deafness it is immediately granted that there is a serious and permanent handicap and education must be built in the face of the handicap rather than hoping for its removal. Behavior problems are frequently felt to be a personal failure upon the part of the teacher, reflecting upon her teaching ability, and tearing down the social morale of her classroom, whereas she gets no such reaction if a child with serious vision defect cannot meet the standards of average children.

When we turn to affairs outside of school there are also unique problems for behavior children. The blind child is pitied, but not so with the child who takes toys from his neighbor, or teases the younger children, or who torments dumb animals. The older boy who becomes the nucleus of a gang and leads other innocent youths astray is not treated too considerately by irate fathers and moth-

ers. And the parents and siblings of any blacksheep resent having their own prestige openly degraded by one of their own flesh and blood. Truly it can be said that the so-called behavior-problem child offers some very complicated and emotional problems to himself, to his teachers, to his home, and to his neighborhood. These problems do not end with the passing of the adolescent youth out of school, or even out of the home; in fact, the problems often continue to increase and multiply resulting in economic and vocational inefficiency, in vagrancy, in crime, in danger and loss to society, in costs of legal and police protections, in untold costs in unhappiness. While this may all seem to be a very dark picture of present conditions there is hope for a better day for these unfortunate children since every one of the factors causing maladjustment has been studied and solved in isolated segments, here and there, and the real nature of the entire problem is known.

THE NUMBER OF CASES AND THEIR COST

The number of cases of behavior is a moot question, no one knows just how many there are. The difficulty lies in that behavior maladjustment is a matter of degree and what seems to be a problem to one teacher or in one home does not seem to be so considered in another. But if we limit ourselves to quite serious cases at least three per cent of the school population falls within this classification. If the definition is extended to very mild cases, but whose potential troubles are really ominous, we can easily increase the behavior quota to five or even to ten per cent. And if there is added to this number the children who are negative rather than positive and aggressive in their social reactions the number may easily be doubled again. It is estimated that at least four or five per cent of the total population at some time or other suffer mental and emotional upsets needing medical and psychological attention.

In the matter of cost the problem is very difficult since there are many ramifications. The cost of diagnostic ser-

vice, even on mild cases, is considerable, the costs for a hearing in the juvenile court or a short sentence in the detention home easily mount to one or two hundred dollars, and the cost is often one thousand dollars per annum for placement at a correction farm. These actual monetary costs are only a small part of the intangible costs in suffering, in thwarted ambitions of youth, in sorrow to parents. At present we spend our money for behavior problems where it does the least good, chiefly on remedial work with advanced cases, rather than on the preventive program in cases in the early stages where the costs would be relatively much less. This condition is partly due to the apparent and obvious urgency of the serious cases and partly to the less obvious need of treating mild cases in their incipient stages. The old adage of "Locking the stable after the horse is stolen" applies here forcibly.

THE CAUSES OF BEHAVIOR MALADJUSTMENTS

The modern keynote in behavior problems has changed from the problem child to the problems of the child. The child's problems are not only his but the home's, the school's, the community's, and often the child is hopelessly caught in a swirl of forces quite beyond his control, whose outcome for him can be accurately predicted as to their effects upon him once they are known and understood.

In the report of the committee of behavior problems of the White House Conference,¹ behavior cases were grouped into three classes according to the major causes of maladjustment, the nervous, the emotionally unstable, and the delinquent. Each of these types will be considered.

Under the caption of the nervous child may be grouped all types of nervous or physical abnormalities which may lead to behavior maladjustment. Children are included here whose nervous vitality is low, cases of chorea, of physical immaturity, of glandular disturbances, of sensory defects, such as impaired vision, cases of defective hear-

¹White House Conference on Child Health and Protection, 1930, Committee on Special Classes, *Special Education; The Handicapped and the Gifted* (New York: The Century Company, 1931), pp. 491-534.

ing, of chronic illness, those suffering from all of the common infectious diseases of childhood, children who are crippled, and those whose general health is below par. It is not to be assumed that all children, much less a majority of children, suffering in some degree from these disabilities are to be classified as behavior problems, but there is a goodly number from this general group who manifest behavior difficulties which may be traced to the physical causes. Any of these types may illustrate the behavior pattern somewhat as follows: The child with uncorrected defective vision works under a nervous strain on account of his faulty vision, he becomes irritable, he seeks for recognition and approval through other channels, and approval may be pleasant to a certain extent even if it becomes social disapproval. Every child whose physical condition is not corrected and whose school program is not adjusted for the happiest success is potentially a behavior-problem case. In the findings of the White House Conference only one million out of ten million handicapped children are receiving any special education, and these nine million neglected cases constitute twenty per cent of the forty-five million children of school age. The special education for handicapped children is limited to larger cities chiefly in the eastern and northern sections of the country, and even in these centers it is still very inadequate to meet the real needs. The program of special education ranges from two to five times as much as for average children, and in periods of financial burden this program becomes curtailed. While behavior problems are not limited to children with nervous or physical disabilities, a goodly number have some such disabilities which probably play some part in their maladjustments.

The second class of cases is the emotionally unstable. Conditions within the individual are the prime cause. They may be predisposed to a weakness in the sphere of feelings and emotions, with a bent towards abnormal feelings of hatred or unnatural attraction to unusual objects of affec-

tion. In children such manifestations are not usually considered as advanced mental instability but when these factors continue and grow in their adult lives these individuals often become mental patients. Emotional conflicts which average individuals weather without great difficulty conquer them. These conflicts may be incited in three principal ways. The first is the conflict between basic instincts such as fear, self-preservation, and the social mandates of unselfishness, desire for social approval, and kindred topics; the second is the conflict at adolescence between remaining as a child within the physical and mental protection of the home and the drive for independence, which is normal at this period; the third conflict may come at any time and it is the conflict between reality and phantasy, between having a used Ford and dreaming of a new Lincoln, and finally becoming so engrossed that the patient can no longer distinguish between fact and imagination. These three kinds of conflicts are particularly troublesome to those whose emotional maturity is below the expected average. To a certain extent the conflicts which arise among the first class of causes—the physical and nervous causes—may carry an emotional tone which tends to place the individual in the second class as well as in the first.

The third general class of causes of behavior maladjustment is delinquency. Under this heading are listed the great variety of social factors, factors arising outside of the individual himself, but working within him and upon him in many undesirable ways. Here is to be found the broken home, the overindulgent parents, the jealousy of younger children, the influence of the bad gang, the effect of an education not suited to the mental and physical needs of the child. It is very difficult to gather accurate and adequate data on the causes of behavior maladjustment but the great number of factors operating in this third field makes it seem probable that fully one half or more of the total of behavior cases arise in this group. Here is a fruitful field of endeavor for those reformers

who place all their faith in what environment is able to do. The child who is easily lead falls under the influence of undesirable factors and his path to delinquency is broad and the down grade is easy to follow. These factors operate more commonly in undesirable homes of poor social status found near the business and manufacturing districts, near docks and railroads, where the home itself offers less of a worthy nature and the street offers many more chances for gangs. There is a lack of feeling of ownership, and this district is inhabited by parents who are clinging to old-world traditions and language from which their own children are withdrawing and revolting. Whenever a location map is prepared of the active cases of juvenile delinquency in any large city such a map is almost identical to that of all other large cities, after allowance is made for varying geographical formation. In all cities there is also a scattering of cases throughout the entire area which represents the occasional individual case probably falling within the first two classes of causes.

DESIRABLE PROGRAMS

There are at least three avenues of approach to the solution of the problems of behavior children: the school, the home, the community. The school has a definite responsibility for all cases of handicapped children, whether the handicap be physical, mental, or emotional. At present not more than ten per cent of all handicapped children are receiving the special education suited to the abilities and to the minimizing of their disabilities. The schools need more public support to put an adequate program into effect for all under-privileged children, since the costs are greater than for average children. Not only must provision be made for the definitely handicapped children but for those who deviate slightly from the average, such as children who are mentally slow. It is among dull children that the greatest amount of delinquency is found. The schools are well aware that the retarded child who finds

the school program too difficult, the child who fails frequently, who becomes a repeater and overage for his grade, who eventually leaves school with a pitiful educational record does not have the most wholesome and optimistic attitude towards life's problems. In the past five years several publications have appeared dealing with this problem.² In the program for average children the problem of mental hygiene in the daily classroom procedure is receiving more attention. The modern educational program is attempting to educate not only in the three R's but in the social contacts of the auditorium and play activities of the gymnasium. The school program is limited by lacking finances rather than in not knowing what should be done.

The problems of the home are being approached more vigorously than ever before as shown by the increase in the parent-teacher movement, in the child-study clubs, in the number of periodicals devoted to childhood, in the child talks in daily newspapers and by radio. These efforts are very beneficial as far as they go and they reach a large number of cultured and intelligent homes, but they do not, as yet, often touch the homes in which there is the greatest need. Frequently we hear that a certain talk to parents was fine, but that the people who most needed to benefit did not hear it. There is a practical difficulty in dealing with parents of problem children arising from the degree or seriousness of the situation. The most constructive work can be done when problems have not yet arisen or when they are still in the early stages, but in this period parents are not particularly concerned or alarmed. But after the case has reached a serious crisis there is usually much more parental concern and coöperation with the agencies which deal with their problems.

The problems of the home will not be solved within a short period, much less in one or two generations. Wit-

²Harry J. Baker, *Characteristic Differences in Bright and Dull Pupils* (Bloomington, Illinois: The Public School Publishing Company, 1927), 118 pages.
Annie D. Inskeep, *Teaching Dull and Retarded Children* (New York: The Macmillan Company, 1926), 455 pages.

ness the fact that there are at least 200,000 infants born out of wedlock annually, that an equal number of children get into the hands of the juvenile courts annually, that each year 500,000 adults are sentenced to penal institutions and many of these are parents of children who must face the taunts and jibes of their playmates and the indifference or antagonism of their neighbors. However, there is hope even in these situations since the happiness of children in their homes, fortunately, is not merely correlated with high intelligence and culture, in fact, in some of the most impoverished homes, socially, mentally, and economically, we sometimes find a healthy emotional attitude and understanding between parents and children, although it may be on a very crude and elementary level. It is most unfortunate that mental neglect and emotional maladjustments—factors causing much of our delinquency—can seldom be preferred as court charges against inadequate parents, whereas corporal punishment and physical neglect have much greater esteem in the eyes of the law.

The third avenue deals with the agencies of the community outside of the home and the school which influence the life of the child. It has already been noted that the greatest areas of acute delinquency arise in the neighborhood of business and manufacturing centers, and it is in these places that the least is being afforded at either public or private expense to offset the undesirable trends. The residents of the so-called better sections take pride in their local church and in their neighborhood association, they are less concerned and are often unaware that their tax bills go to balance the budget in other districts where the public expense of crime and delinquency mounts to appalling figures. One sometimes questions the wisdom of spending millions of dollars, public or private charity, even in times of prosperity for families who make no attempt to secure employment or to change their living conditions even when under the supervision of some social agency. Again it should be noted that in isolated centers, here and

there, recreation programs, neighborhood houses, and community leaders have brought about remarkable changes, and this is a hopeful indication of what could be done on a larger scale. The activities of such organizations as the Boy Scouts and the Girl Reserves are to be highly commended, but all of them are dealing with isolated fragments of a large problem, and what is every one's business is no one's business when it comes to considering the situation in its entirety. There is needed a vigorous leadership and coördination of all of the social agencies surveying all of the needs and assigning them to suitable agencies now existing or to be created to meet these specific problems. There is no inherently mysterious problem which has not been solved, except that of finding out how to evolve a more understanding and comprehensive program and put it into operation on a large scale.

CONCLUSION

There is a place and there will continue to be a place for the individual diagnostician dealing with the problem of the individual case of the individual family. It is partly by presenting thousands of such cases that a picture of the total problem of behavior children can be painted. It is also part of the program for the sociologist to study community or group problems. There should be no rivalry or misunderstanding between the individual or the group method of approach, each should supplement and assist the other, neither alone can solve the problems of delinquency. Enough data have been gathered and interpreted so that the problems of individual or group delinquency are well known. The next step is to make this information articulate and to translate it into constructive action for the prevention of behavior problems in children. Up to the present the mere diagnosis of the situation has been interesting but has not materially lessened the number of cases. The hope lies in putting what is already known into practice on a large enough scale to meet the entire situation.

ORGANIZATION AND ADMINISTRATION OF SPECIAL EDUCATION IN THE PUBLIC SCHOOLS

LEWIS A. WILSON

"For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met."

The above paragraph from the Children's Charter, issued by the White House Conference on Child Health and Protection, not only indicates the groups of children who are in need of special educational treatment but also enumerates some of the other services essential to their welfare. Special classes or other special educational services are only a part of a carefully coördinated program of health, educational, and social service which must be provided if these handicapped children are to be adequately served. No one agency can supply all of the services needed. School administrators, responsible for the special educational services of these children, should secure the help and coöperation of all community agencies in the development of the program.

There are many difficult administrative problems to be overcome in providing adequate educational services for the physically and mentally handicapped children and many special groups to be served. There are tens of thousands of children so seriously crippled that they not only need special educational treatment but must also be provided with transportation, physiotherapy treatments, and, in some cases, with artificial appliances. Many of these children are home-bound and in need of home teaching or

special institutional care. Other thousands of children are found with physical defects so serious as to require special class training to conserve their vision and ensure their general education. The hard-of-hearing, the cardiac, the tubercular, the blind, the deaf, and those with speech defects add tens of thousands to the vast army of physically handicapped children. In addition, there are thousands of mentally handicapped children who are in need of special class training. The proper education of these children is a joint responsibility of the State and local communities.

The number of physically handicapped children in the United States is so large that it constitutes one of our major educational problems. In each State the number is also sufficiently large to warrant immediate action in providing the special services necessary to meet adequately the educational needs of these children. The most difficult administrative problem, however, is in providing special educational opportunities for the handicapped children living in the rural communities. In the larger urban centers there are usually sufficiently large numbers of children in each handicapped group to warrant the development of special class services. The urban centers usually have the wealth and other resources necessary to develop the work properly. On the other hand, the problem in the villages and rural districts is most baffling. There, the numbers of children in each handicapped group are so small that it is not possible to provide special-class services for them. Moreover, the financial resources of many of the rural communities are too limited to provide many of the special services needed. However, a considerable percentage of the handicapped children reside in village and rural districts. New types of organization must be provided if these children are to secure special educational opportunities.

As a result of the findings of the White House Conference on Child Health and Protection, we realize, as never

before, that the magnitude and complexity of the problem makes it impossible for any one agency, either private or public, to supply the necessary services. Among the major services to be provided are:

1. A health service to ensure competent and specialized medical care and treatment which is absolutely indispensable to the health of physically handicapped children.
2. A well-organized program of general education, guidance, vocational training, and placement for all children who cannot profit by the educational program provided for normal children.
3. A social service that will help them in solving their many baffling problems.

I wish to make a special appeal for a coördinated program of service for all handicapped children. Generally speaking, no one group has physical handicaps greater than another. The child who is partially blind is just as seriously handicapped as the child with paralyzed legs; the child who is partially deaf is as greatly handicapped as the one with crippled arms; while the cardiac or tubercular child may be carrying a burden as great as that of any of the others. All of these children must have special help if they are to make the most of their lives. The major administrative problems to be solved in providing adequate educational services for these children are as follows:

1. An accurate census of all handicapped children. It is obvious that a census of them is necessary if adequate physical care and educational services are to be given them. It is equally important to have the names of all children of preschool age in order that the physical and corrective work for the physically handicapped may be undertaken, and completed if possible, before the child enters school. The census would show the numbers in need of special class service, physical care, artificial appliances, transportation, institutional care, and home teaching, but it is just as important to know the number of partially seeing children who are in need of special-class services as it is to have a record of crippled children in need of

similar services. Every State should have a law requiring an annual census of every physically handicapped child from birth to eighteen years of age. Until we develop such a practice we shall never know how many of these children there are or where they live. The general statement that one child out of three hundred is physically handicapped is meaningless until we have its name, and know where it lives, and determine its physical and educational needs. That is the starting point of all effective work.

2. An adequate program of physical care for all physically handicapped children whose parents cannot afford to provide the necessary services. All that we can hope to do for many of these physically handicapped children depends upon their receiving proper corrective care and treatment. At the present time these services are unevenly distributed. A child living in a large center can find competent medical service and, if its parents are unable to pay for it, the service is usually available at free clinics. On the other hand, a child living in certain rural areas cannot find adequate service available within a hundred miles of its home. Certain groups of physically handicapped children are given preferential treatment under the legal provisions of many States. Others are entirely neglected. Why should one child who is physically handicapped fail to secure corrective treatment when another is adequately cared for?

3. The development of adequate educational services. A considerable percentage of all handicapped children is in need of special-class opportunities. Others need transportation and still others home teaching. The development of adequate programs of guidance, vocational training, and placement are also equally essential for these children. Training for economic citizenship is of major importance to the handicapped child. This training must be so planned that it takes into consideration not only the

handicap of the individual but also the particular aptitudes and abilities which may be capitalized in the training program.

4. Adequate financial aid in developing State programs for the education of the handicapped. A careful study of the practices in the various States indicates the wide variation of the methods used for financing programs designed to provide educational opportunities for the handicapped children. The development of complete special educational services is dependent, to a large degree, upon adequate financing. To what extent is the State responsible for the providing of the necessary services? It will be impossible to develop in the various States, particularly in the rural communities, adequate educational services for the handicapped children, unless liberal State aid is given for it.

5. Advisory councils for the handicapped. There are in every State and in every community many agencies interested in one or more groups of the handicapped children. These organizations can become one of the greatest forces in the development of State or local programs if their efforts are combined and coördinated. Such a council would serve as a clearing house of information for physically handicapped groups.

6. Teacher training. The success of the special-class services provided by the State or local communities will depend, in a large measure, upon the training and experience of the teachers selected for the work. Every State should set up minimum standards for the certification of teachers of special classes. Only teachers with excellent experience and special preparation should be permitted to teach them. Special-class teaching is always more difficult than the teaching of normal children.

In order to develop properly a State program of education for the handicapped, provision must be made for the training of teachers. In some States, where the num-

bers of handicapped children in any one group are so small that only a few teachers are needed, the State can arrange to have the special teacher-training work provided by some of the larger institutions that are adequately equipped to do it. In other States, where considerable numbers of special-class teachers are employed, the State should assume the direct responsibility for this training.

7. Leadership and supervision. The development of a carefully coördinated program of special educational services for the physically and mentally handicapped children requires unusually competent leadership. It is one of the great undeveloped fields in American education. The program presents many difficult administrative problems in connection with the financing and development of the many unusual services which are essential. Furthermore, it is very desirable to have the active and coördinated coöperation of the large number of organizations in any State—social, medical, civic, welfare, health, service, and fraternal, that are interested in the physical care, education, and general welfare of the handicapped children. Many of these organizations are in a position to offer financial assistance as well as specialized services in the development of the program. The extent to which a State or community meets this baffling problem will be dependent, to a large measure, upon the competency of the leadership provided. Many large cities are also in a position to employ persons unusually well qualified to administer the work.

It is also necessary for the State, as well as the larger centers of population, to provide adequate supervisory service. The supervisors are in a position to render a very direct service to the teachers of handicapped children. Many of these teachers are employed in communities where no special supervisory service is available. In many cases, too, there are no other special-class teachers in the community. The supervisory service provided for these

special classes should be just as direct and frequent as that found in the elementary or secondary schools. Frequently, there is apt to be a feeling on the part of a teacher that a special class is not essentially a part of the regular school system. Whenever special provisions are necessary for any group of these children, the details should be carefully planned in advance, in order to ensure a reasonable coördination of the special-class work with that of the regular school. Adequate supervisory service should also be provided to ensure the proper development of the program.

Commendable progress has been made during recent years in providing educational opportunities for handicapped children. Special facilities have been given in most States for the education of the deaf and blind. Many of them have provided special classes for the mentally handicapped. During the past five or six years a few States have enacted laws for the physical care and education of the crippled children. Many progressive communities have organized special classes for children with serious eye or hearing defects. The organization of many of these special activities, however, has been due to the active leadership of lay groups or organizations interested in the education and general welfare of some group of handicapped children. As a result, very few States have a carefully coördinated program of education for all groups of handicapped children. It is time, therefore, for the school administrators to assume an active leadership in providing for a coördinated program of education for all of these children. The future citizenship and economic independence of tens of thousands of people depends, to a considerable extent, upon our ability to help them physically, educationally, and vocationally.

RESEARCH PROJECTS AND METHODS IN EDUCATIONAL SOCIOLOGY

In order that this section of THE JOURNAL may be of the greatest possible service, its readers are urged to send at once to the editor of this department titles and, where possible, descriptions of current research projects now in process in educational sociology and also those projects in kindred fields of interest to educational sociology. Correspondence upon proposed projects and methods will be welcomed.

PHILADELPHIA TRUANCY STUDY

The Philadelphia Child Guidance Clinic is conducting an interesting study of truancy under the direction of Evelyn Alpern, M.D. The cases studied are cases referred to this clinic in which truancy is a problem, not necessarily the only problem involved or the problem for which the case was referred to the clinic.

The study of truancy in this clinic is being done from these viewpoints: 1. An attempt is being made to study the psychological factors in truancy with a view to co-ordinating them with the sociological and emotional factors involved in the same cases. For the psychological study an analysis is being made of the tests given these children in the clinic—intelligence tests, educational achievement and diagnostic tests, mechanical and vocational tests. It is hoped that an analysis of these tests, on the basis of the abilities involved in performing them, correlated with all the test results, mental age, and school achievement, will reveal certain specific abilities or disabilities which, hitherto unrecognized or unguided, have been causal or contributory factors in truancy.

As a preliminary the clinic is interested in studying the relationship, in a general way, of I.Q., mental age, educational age, and grade placement to truancy, by means of frequency distributions of each of these factors and individual profiles.

2. Sixty unselected cases of children in whom truancy is a problem are being studied from the standpoint of

family background, especially educational, economic and social status of parents, including attitude of parents towards school and education, in an attempt to determine whether any causative factors of truancy may arise here. Also the school history of the child and the child's attitude to school, home, siblings, and truancy are being studied in an attempt to find whether any classification of the type of child who plays truant may be determined. Some evaluation of results of psychiatric treatment will be included.

3. Also the attitude of parents towards the child who plays truant is being studied. Is there any fundamental attitude of the parent towards the child which may be a factor in causing the child to develop this type of behavior?

As a result of the observations the clinic has been able to make to date, it has been found that making an evaluation of any causative factors involved in truancy will require an intensive psychiatric study of a small number of cases to determine what some of the basic mechanisms involved in the development of this behavior may be. The clinic will attempt to determine what reactions in individual children may result in truancy and may possibly then be able to draw generalizations from this study as to what some of the reasons are why a child may be a truant and what some of the needs of the child are that such behavior satisfies. From an understanding of these factors, a therapeutic approach to the problem may be evolved. The clinic is now planning to take on intensive psychiatric study of individual cases in which truancy is a problem.

PUBLIC SCHOOLS IN RELATION TO THE PROBLEM OF LEISURE

This study is being made by the National Recreation Association, under the direction of Eugene T. Lies, who for many years, prior to the World War, dealt with the many and varied social problems which arise in the field

of family social work. Since the war Mr. Lies has been the social representative and lecturer for the National Recreation Association.

There are four major divisions to the present study: training for leisure; relation of schools to the afterschool time of children; relation of schools to the summer vacation period; and the use of school facilities by the community. Forty to fifty school systems, large and small, and in different kinds of communities scattered throughout the country, are being personally visited by Mr. Lies. Some eighteen hundred other cities with a population of five thousand and upward are being dealt with by mail. The period of the study will cover about two years, including the time for compilation and writing of the report.

The National Education Association is much interested in the study and several of its officials have been helpful with suggestions. A visit to a city means interviews with the superintendent of schools, possibly some assistant superintendents, also with heads of departments in which the study is interested, the gathering and assimilation of printed and typed material bearing on the subject, and visitation of some of the local schools. An elaborate schedule is used and filled out on these visits.

It is hoped that the study may be of help finally to school authorities, recreation workers, and to organizations which are or ought to be interested in school progress, as well as to the National Recreation Association itself as a basis for still larger service along various lines than it is at present rendering.

BOOK REVIEWS

Spectatoritis, by JAY B. NASH. New York: J. H. Sears and Company, Inc., 1932, 284 pages.

In 1921, Professor Robert E. Park used the term "spectatoritis" to characterize those deplorable American leisure-time practices which Professor Nash now so vigorously attacks. "Can America be trusted with leisure?" he asks. And his answer is perhaps best presented in the graphic title of his book—*Spectatoritis*. This book clearly explains that spectatoritis is the result of social lag—technical advancement has provided time and freedom for leisure, but leisure-time practices have not kept step with this new freedom.

Remakers of Mankind, by CARLETON WASHBURNE. New York: The John Day Company, 1932, 339 pages.

Washburne's latest study is the result of a trip around this ailing world. While en route he put a list of questions bearing on education to some of the world's well-known *illustrissimos*. These questions were general enough to permit almost any sort of an answer. The very nature of the questions has made Washburne's opus, despite its bulk, a mass of glittering generalities, often contradictory and sometimes meaningless.

Educational Yearbook 1930, edited by I. A. KANDEL. New York: Bureau of Publications, Teachers College, Columbia University, 1931, xiv+544 pages.

The subtitle of this volume is "The Expansion of Secondary Education." It is in fact much more, including as it does in many instances much additional though related data. The countries discussed are the Argentine Republic, Australia, Austria, Bulgaria, Chile, Czechoslovakia, England, France, Hungary, Italy, Japan, Poland, South Africa, Sweden, and the United States. The book is fundamentally a reference work and as such its value is beyond question.

University Training for the National Service. Proceedings of a Conference held at the University of Minnesota, July 14 to 17, 1931. Minneapolis: University of Minnesota Press, 1932, viii+325 pages.

This volume represents the first attempt on the part of the universities and the Federal Government to study coöperatively what may be done to place before college and university students the types of positions available and the nature of the training required for preparation for these positions in governmental service. It is a valuable study presenting much carefully prepared information. Unquestionably such a volume opens up both to the universities and their students many new fields of opportunity.

College Prolongs Infancy, by HORACE M. KALLEN. New York: The John Day Company, 1932, 28 pages.

This is one of a series of pamphlets being published by this company and dealing with questions of notable current interest. The author severely arraigns the college for false methods and false ideals in dealing with its students. Instead of college being a preparation for life it tends, according to the writer, to arrest development and prolong the period of helplessness. Very forcibly written and well worth reading.

Education in Hungary, by JULIUS KORNIS. New York: Teachers College, Columbia University, 1932, 288 pages.

The author of this volume is Dr. Julius Kornis, a member of the Hungarian Parliament and at one time Undersecretary of State in the Ministry of Public Instruction, and, in addition, professor of philosophy in the University of Budapest. What he presents in this study is excellent and well written, and gives a vivid picture of modern education in that restless land of the Magyars.

The Educational Crisis in Sweden, by CHRISTINA BOGOSLOVSKY. New York: Columbia University Press, 1932, xiv+301 pages.

This volume is a study in comparative education, and as such it is a first-rate and valuable contribution to a field of modern education which, I regret to report, is receiving all too meager attention in this Republic. The book is a careful, systematic, and well-documented study. The bibliography is a masterpiece.

The Dark Places in Education, by WILLI SCHOHAUS, translated by MARY CHADWICK. New York: Henry Holt and Company, 1932, 351 pages.

This book, which in the original is known by the title *Schatten über der Schule* was written in German in 1930 by a well-known Swiss. The fact that it required only two years to be made available for the American reader is significant. Briefly, as the title indicates, the book throws its lenses over the shadier practices of education. These are not the gaudy imaginings of an overstimulated pedagogic brain, but actual and genuine cases called to the attention of the author, Dr. Schohaus. It is a new way of treating the hoary question, "What ails our schools?"

Student Self-Support at the University of Minnesota, by JAMES G. UMSTATTD. Minneapolis: University of Minnesota Press, 1932, 205 pages.

Student self-support during years of college attendance has long been a troublesome problem for both college and student. Data were secured, by means of questionnaires, from 5,676 of the 8,675 regularly enrolled students at the University of Minnesota in May 1929. Tabulations comprise 67 tables covering such topics as Relationship Between Earnings and Economic Need; Extent and Nature of Self-Support; The Effects of Student Self-Support; and Attitudes of Students Toward Self-Support. Suggestions for the improvement of local employment procedure were made and a wide range of educational, social, and economic problems were cited as demanding attention.

BOOKS RECEIVED

- American Business Leaders*, by F. W. Joslyn and C. S. Taussig. New York: The Macmillan Company.
- Anglo-German Imperialism in South Africa, 1880-1900*, by Raymond Walter Bixler. Baltimore: Warwick and York, Inc.
- Character in Human Relations*, by Hugh Hartshorne. New York: Charles Scribner's Sons.
- Farewell to Reform*, by John Chamberlain. New York: Horace Liveright.
- Psychiatry in Education*, by V. V. Anderson. New York: Harper and Brothers.
- Research Barriers in the South*, by Wilson Gee. New York: The Century Company.

CONTRIBUTORS' PAGE

Dr. Meta L. Anderson is connected with the Board of Education at Newark to organize and direct the work for mentally retarded children.

Dr. Harry J. Baker was superintendent of schools in Ohio from 1913 to 1917. Dr. Baker has been director of the Psychological Clinic of Detroit Public Schools since 1920.

Dr. Henry H. Goddard has had vast experience teaching in several of the well-known institutions in the United States. He is especially interested in the education of gifted children. Dr. Goddard has been professor of abnormal and clinical psychology at Ohio State University since 1922.

Mrs. Winifred Hathaway is associate director of the National Society for the Prevention of Blindness. She is the author of the first book issued on sight-saving classes, and co-author and author of numerous pamphlets and articles on this topic and on the general subject of preventing blindness and conserving sight.

Mrs. Marguerite L. Ingram has been director of the crippled children division of the State Department of Public Instruction of Wisconsin since its creation in 1927. Mrs. Ingram was a member of the committee on special classes for the crippled of the White House Conference. She has recently been appointed by the International Society for Crippled Children to study means of aiding the rural crippled child.

Mrs. James F. Norris is chairman of the Committee on Hard of Hearing Children, American Federation of Organizations for the Hard of Hearing, Inc., Washington, D. C.

Dr. L. A. Wilson has held the following positions in the New York State Department of Education: director of vocational education in New York State from 1911 to 1912; specialist in industrial education and teacher training from 1912 to 1915 and from 1916 to 1917; director of vocational and extension education division from 1917 to 1927; and assistant commissioner of vocational and extension education division since 1927.

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